

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10534121

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4						
5						
6						
7		2				
8		1				
9						
10		4				
11		4				
12		4				
13		4				
14		4				
15						
16						
17		1				
18	1					
19		1				
20		1				
21		1				
22		4				
23		4				
24		①				
25		①				
26		①				
27		8				
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50						
TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	65	←		←		←
TOTAL CLAIMS	67					

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						